

Case Number:	CM15-0053384		
Date Assigned:	03/26/2015	Date of Injury:	02/25/1998
Decision Date:	06/25/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/20/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 53-year-old woman sustained an industrial injury on 2/25/1998. The mechanism of injury is not detailed. Diagnoses include cervical and lumbar spine pain, lumbosacral pain, pain in joint, and sciatic pain. Treatment has included oral medications and home exercise and stretching program. Chiropractic treatment notes dated 2/2/8/2015 show complaints of cervical spine pain rated 8/10 as well as tension headaches rated 8/10. There are also complaints of pain radiating down the buttocks and left leg. Recommendations include stretching, heat, and continue home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Pharmacy purchase of remaining Carisoprodol 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Carisoprodol (Soma, Soprodal 250, Canadom, generic available). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The claimant sustained a work-related injury in 1998 and continues to be treated for neck and low back pain. When seen, there were multilevel spinal subluxations treated with adjustments. Medications include Soma being prescribed on a long-term basis. Soma (carisoprodol) is a muscle relaxant, which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. Therefore, continuing Soma was not medically necessary.